

1 **Mark P. Robinson, Jr., Esq.**
2 **mrobinson@rcrlaw.net**
3 **ROBINSON, CALCAGNIE & ROBINSON INC.**
4 **620 Newport Center Drive, 7th Floor**
5 **Newport Beach CA 92660**
6 **Telephone: (949) 720-1288**
7 **Facsimile: (949) 720-1292**

FILED

08 FEB 21 PM 4:13

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

5 **Attorneys for Plaintiffs**

6 *BY:*

7 *CP*

8 **DEPUTY**

9

10 **UNITED STATES DISTRICT COURT**
11 **SOUTHERN DISTRICT OF CALIFORNIA**
12 **SAN DIEGO DIVISION**

13 MARILYN BENNETT, SCOTT BENNETT,
14 and CHAD BENNETT, all individually and as
15 successors in interest to the Estate of ALAN
16 BENNETT, Deceased,

17 Plaintiffs,

18 vs.

19 PFIZER INC., PARKE-DAVIS, a division of
20 Warner-Lambert Company and
21 Warner-Lambert Company LLC,
22 WARNER-LAMBERT COMPANY and
23 WARNER-LAMBERT COMPANY LLC,

24 Defendants.

25 CASE NO. 08 CV 0341 LAB ESP *POR*

26 DECLARATION OF SUCCESSORS
27 IN INTEREST TO ALAN BENNETT

28 We, the Successors in Interest to the Estate of ALAN BENNETT, hereby declare
29 as follows:

1. ALAN BENNETT, born on June 1, 1952 passed away on May 2, 2001, in San Diego County, California.

2. No proceeding is now pending in California of administration of the decedent's estate.

3. An Original Certificate of Death is attached hereto as Exhibit A.

4. The declarants are the decedent's successors in interest (as defined in Section 377.11 of the California Code of Civil Procedure) and succeed to the decedent's interest in the action or proceeding.

5. No other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding.

The undersigned declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 7 day of May, 2007.

Marilyn Bennett
MARILYN BENNETT, wife of decedent

~~SCOTT BENNETT, son of decedent~~

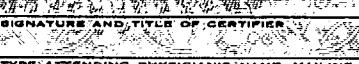
Chad Bennett
CHAD BENNETT, son of decedent

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORDCOUNTY OF SAN DIEGO
GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY IN EMBOSSED, WHITESOUTS OR ALTERATIONS
VS-11 (REV. 1/00)

3 200137 007492

STATE FILE NUMBER 0594		LOCAL REGISTRATION NUMBER 01-00840	
1. NAME OF DECEASED—FIRST (GIVEN) Alan		2. MIDDLE Nelson	3. LAST (FAMILY) Bennett
4. DATE OF BIRTH—M/M/DD/CCYY 06/01/1952		5. AGE YRS. 48	6. SEX M
7. DATE OF DEATH—M/M/DD/CCYY End 05/02/2001		8. HOURS 1450	9. DECEASED PERSONAL DATA Bennett Alan
9. STATE OF BIRTH OR		10. SOCIAL SECURITY NO. 555-72-2259	11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 12	14. RACE Caucasian
15. OCCUPATION Director of Operations		16. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. KIND OF BUSINESS Medical Equipment
18. RESIDENCE—STREET AND NUMBER OR LOCATION 1533 Clearwater Ridge		19. USUAL EMPLOYER Dupaco	20. YEARS IN OCCUPATION 1
21. CITY Vista		22. COUNTY San Diego	23. ZIP CODE 92083
24. STATE OR FOREIGN COUNTRY California		25. Mailing Address (Street and Number or Rural Route, Number, City or Town, State, Zip) 1533 Clearwater Ridge, Vista, CA 92083	26. NAME, RELATIONSHIP Marilyn Bennett, Wife
27. NAME OF SURVIVING SPOUSE—FIRST Marilyn		28. MIDDLE —	29. LAST (MAIDEN NAME) Vernon
30. NAME OF FATHER—FIRST Lester		31. MIDDLE Nelson	32. LAST Bennett
33. NAME OF MOTHER—FIRST Evelyn		34. MIDDLE —	35. LAST (MAIDEN NAME) Beechill
36. DATE M/M/DD/CCYY 05/09/2001		37. PLACE OF FINAL DISPOSITION Marilyn Bennett Res: 1533 Clearwater Ridge, Vista, CA 92083	38. BIRTH STATE OR
39. TYPE OF DISPOSITION CR/RES		40. SIGNATURE OF PALLBEARER 	41. LICENSE NO. FD-1378
42. SIGNATURE OF LOCAL REGISTRAR 		43. LICENSE NO. 7767	44. DATE M/M/DD/CCYY 05/07/2001
45. NAME OF FUNERAL DIRECTOR Allen Brothers Mortuary San Marcos Chapel		46. SIGNATURE OF FUNERAL DIRECTOR 	47. DATE M/M/DD/CCYY 05/07/2001
48. PLACE OF DEATH Found Motel Room		49. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOSP <input type="checkbox"/> ER <input type="checkbox"/> DOA	50. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV <input type="checkbox"/> HOSP <input type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> OTHER
51. STREET, ADDRESS—STREET AND NUMBER OR LOCATION 3708 Plaza Drive		52. TIME INTERVAL BETWEEN ONSET AND DEATH —	53. CITY Oceanside
54. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A/B, C, AND D) Pending laboratory studies		55. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 01-00840	56. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
57. IMMEDIATE CAUSE (A) Pending laboratory studies		58. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	59. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
59. DUE TO (B) —		60. DUE TO (C) —	61. DUE TO (D) —
62. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE, GIVEN IN 57		63. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE	
64. PHYSICIAN'S CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED WAS IN A NATURAL STATE AND NOT ALIVE IN M/D/01/01/01 M/M/DD/CCYY		65. SIGNATURE AND TITLE OF CERTIFIER 	66. LICENSE NO. 117. DATE M/M/DD/CCYY
67. CORONER'S USE ONLY I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 118. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		68. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	69. INJURY DATE M/M/DD/CCYY 120. INJURY DATE M/M/DD/CCYY 05/03/2001
70. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) —		71. INJURY: HOURS 121. INJURY: HOURS 122. PLACE OF INJURY 123. DECODE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	72. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Harry J. Bonnell, M.D., C.D.M.E.
73. STATE REGISTRAR A B C D E F G H I J K L M N P R		74. FAX AUTH# 2108126	75. CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

July 17, 2002

Gregory J. Smith
Assessor/Recorder/County ClerkThis copy is not valid unless prepared on an engraved border
displaying date, seal and signature of the Recorder/County Clerk

* 000824897 *

